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Jul 94-97

## Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars

		The state of the s	LATE CONTENDED
NAME OF FILER		Date of Description (Date Stapp)	LATE CONTRIBUTION REPORT
AGUA CALIENTE BAND OF CAHUI:	LLA INDIANS	This Filing 01/24/2008 of the Secretary of State	CALIFORNIA 497
AREA CODE/PHONE NUMBER	1 D. NUMBER (il applicable)	of the State of California	FORM 431
(760) 325-3400	496128	Report No01242008	For Official Use Only
STREET ADDRESS		JAN 2 4 2008	RIB
		to Report No DEBRA BOWEN	,,,,,
CITY	STATE ZIP CODE	(explain below) Secretary of State	
PALM SPRINGS, CA 92262		No. of Pages1	

#### Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/21/2003	COALITION TO PROTECT CALIFORNIA'S BUDGET & BCONOMY, YES ON 94,95,06,97, SPONSORED BY A GROUP OF INDIAN GAMING TRIBES (#1306585)	PROPOSITIONS 94,95,96,97	94,325.00	02/05/2008
		STATEWIDE		
	SACRAMBNT), CA 95814			
01/23/2008	CCALITION TO PROTECT CALIFORNIA'S BUDGET & ECONOMY, YES ON 94,95,06,97, SPONSORED BY A GROUP OF INDIAN GAMING TRIBES (#1300585)	PROPOSITIONS 94,95,96,97	27,734.00	02/05/2008
		STATEWIDE		
	SACRAMENTO, CA 95814 ESTIMATE			
		(2)		

Reason for Amendment:	

NAME OF SLATE MAILER ORGANIZATION

Late Payment(s) Received From:

Coalition to Protect CA Budget & Economy

San Bernardino County Safety Employees' Benefit Association Slate Mailer Organization

Slate Mailer **Late Payment Report** 

AREA CODE/PHONE NUMBER

(909) 885-6074

NAME

ADDRESS

SLATE MAILER LATE PAYMENT REPORT Type or print in ink. CEIVED AND FIL **CALIFORNIA** Amounts may be rounded to whole dollars. in the office of the Secretary of FORM of the State of California For Official Use Only Amendment No. JAN 2 4 2008 RIIM Report No. \_ DEBRA BOWEN Secretary of State STREET ADDRESS CITY STATE ZIP CODE I.D. NUMBER 1263628 San Bernardino CA, 92408 NAME OF CANDIDATE OR BALLOT MEASURE: ☐ SUPPORT I.D. NUMBER (if applicable) ☐ OPPOSE AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT 1300585 MEASURE'S JURISDICTION \$ STATE ZIP CODE NAME OF CANDIDATE OR BALLOT MEASURE: Sacramento, ☐ SUPPORT OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED: AMOUNT 01/23/2008 18,275.00 NAME OF CANDIDATE OR BALLOT MEASURE: SUPPORT Referendum Petition to Overturn Amendment to Indian Gaming Compact 94 ☐ OPPOSE OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED MEASURE'S JURISDICTION 18,275.00 Statewide NAME OF CANDIDATE OR BALLOT MEASURE: □ SUPPORT ☐ OPPOSE AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION \$

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OPTIONAL: FAX/E-MAIL

□ OPPOSE OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED MEASURE'S JURISDICTION \$ NAME OF CANDIDATE OR BALLOT MEASURE: ☐ SUPPORT □ OPPOSE OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED MEASURE'S JURISDICTION \$ NAME OF CANDIDATE OR BALLOT MEASURE: ☐ SUPPORT □ OPPOSE AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION \$

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PROP 95

SLATE MAILER LATE PAYMENT REPORT Type or print in ink. Date Stamp **CALIFORNIA** Slate Mailer Amounts may be rounded to whole dollars. FORM **Late Payment Report** RECEIVED AND FI in the office of the Secretary of StateFor Official Use Only Amendment No. of the State of California JAN 2 4 2008 Report No. \_ STREET ADDRESS **DEBRA BOWEN** NAME OF SLATE MAILER ORGANIZATION tary of State San Bernardino County Safety Employees' Benefit Association Slate Mailer Organization STATE ZIP CODE OPTIONAL: FAX/E-MAIL I.D. NUMBER CITY AREA CODE/PHONE NUMBER 1263628 San Bernardino CA, 92408 (909)885-6074 NAME OF CANDIDATE OR BALLOT MEASURE: Late Payment(s) Received From: □ SUPPORT ☐ OPPOSE I.D. NUMBER (if applicable) NAME Coalition to Protect CA Budget & Economy AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT 1300585 MEASURE'S JURISDICTION \$ **ADDRESS** CITY STATE ZIP CODE NAME OF CANDIDATE OR BALLOT MEASURE: Sacramento, CA ☐ SUPPORT OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable) □ OPPOSE DATE RECEIVED: **AMOUNT** AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION 01/23/2008 \$ 18,275.00 \$ NAME OF CANDIDATE OR BALLOT MEASURE: NAME OF CANDIDATE OR BALLOT MEASURE: □ SUPPORT SUPPORT Referendum Petition to Overturn Amendment to Indian Gaming Compact 95 □ OPPOSE ☐ OPPOSE OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION MEASURE'S JURISDICTION \$ 18,275.00 Statewide NAME OF CANDIDATE OR BALLOT MEASURE: NAME OF CANDIDATE OR BALLOT MEASURE: □ SUPPORT ☐ SUPPORT OPPOSE ☐ OPPOSE AMOUNT ATTRIBUTED AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION MEASURE'S JURISDICTION \$ \$

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

late Mailer ate Payment Report	Type or print Amounts may be rounded	d to whole dollars.  Date Stamp  RECEIVED AND FI  in the office of the Secretary	FORM 498		
		Amendment No of the State of California	For Official Use Only		
		Report No	R		
NAME OF SLATE MAILER ORGANIZATION  San Bernardino County Safety Employees' Benefit Association Slate Mailer Organization		STREET ADDRESS  DEBRA BUVEN  Scarretary of State			
AREA CODE/PHONE NUMBER OPTIONAL: FAX/E-MAIL	I.D. NUMBER	CITY	STATE ZIP CODE		
(909)885-6074	1263628	San Bernardino CA, 92408			
ate Payment(s) Received From:		NAME OF CANDIDATE OR BALLOT MEASURE:	SUPPORT		
NAME	I.D. NUMBER (if applicable)		□ OPPOSE		
Coalition to Protect CA Budget & Economy	1300585	MEASURE'S JURISDICTION			
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Sacramento, OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYER		NAME OF CANDIDATE OR BALLOT MEASURE:	□ SUPPORT □ OPPOSE		
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MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED	MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$		

SLATE MAILER LATE PAYMENT REPORT

PROP 97

**Slate Mailer** Late Payment Report

SLATE MAILER LATE PAYMENT REPORT Type or print in ink. RECEIVED THE **CALIFORNIA** Amounts may be rounded to whole dollars. in the office of the Secretary of **FORM** of the State of California For Official Use Only Amendment No. JAN 2 4 2008 004 Report No. DEBRA BOWEN Secretary of State STREET ADDRESS NAME OF SLATE MAILER ORGANIZATION San Bernardino County Safety Employees' Benefit Association Slate Mailer Organization ZIP CODE STATE CITY AREA CODE/PHONE NUMBER OPTIONAL: FAX/E-MAIL I.D. NUMBER 1263628 San Bernardino CA, (909)885-6074 NAME OF CANDIDATE OR BALLOT MEASURE: Late Payment(s) Received From: ☐ SUPPORT □ OPPOSE I.D. NUMBER (if applicable) NAME Coalition to Protect CA Budget & Economy AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT 1300585 MEASURE'S JURISDICTION \$ STATE ZIP CODE ADDRESS NAME OF CANDIDATE OR BALLOT MEASURE: Sacramento, ☐ SUPPORT OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable) □ OPPOSE AMOUNT ATTRIBUTED AMOUNT DATE RECEIVED: OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION 01/23/2008 \$ 18,275.00 \$ NAME OF CANDIDATE OR BALLOT MEASURE: NAME OF CANDIDATE OR BALLOT MEASURE: ☐ SUPPORT Referendum Petition to Overturn Amendment to SUPPORT Indian Gaming Compact 97 ☐ OPPOSE ☐ OPPOSE AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION MEASURE'S JURISDICTION \$ 18,275.00 Statewide NAME OF CANDIDATE OR BALLOT MEASURE: NAME OF CANDIDATE OR BALLOT MEASURE: SUPPORT ☐ SUPPORT ☐ OPPOSE ☐ OPPOSE AMOUNT ATTRIBUTED AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION MEASURE'S JURISDICTION \$ \$

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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PROP 94, 95, 96 \$ 97

#### Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Pechanga Band of L	uiseno Indians			Date of This Filing	01/24/2	PECE 008 only	e of the Secretary of State ne State of California		
AREA CODE/PHONE NU	MBER	I.D. NUMBER (if applicable	)	Report No	LCM-	80123	JAN 2 4 2008	For	Official Use Only
(909) 676-2768		498071		1			JAN Z 4 2000		
STREE TADDRESS				Amendme to Report No (explain below)		DE	BRA BOWEN retary of State		
CITY		STATE	ZIP CODE	No. of Pages	2	-	1/2	R	
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*Contributor Codes IND - Individual COM - Recipient C OTH - Other	ommittee (other than PTY	PTY - Poli or SCC) SCC - Sm	tical Party all Contributor Committee						
Reason for Amendm	ent:							_	PPC Form 497{June/0

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### Late Contribution Report

Type or print in ink.

Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME   OF FILER  Pechænga Band of Luiseno Indians				Date of This Filing	RE in the	CEIVEI	O AND FILE ne Secretary of S te of California	eralli Sale	e)://
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  498071				Report No		1	2 4 2008	F	or Official Use Only
STREETADDRESS				Amendment to Report No (explain below)			N BOWEN		
CITY		STATE	ZIP CODE	No. of Pages		2/2		R	
Lat <b>€</b> Contri	bution(s) Made								
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				E AND OFFICE OR ND JURISDICTION		AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)
07/23/2008	Coalition to Protect California's Budget & Economy						8670000	.00	02/05/2008
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